

**COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY**  
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET  
NUMBER  
**PHARMA 123**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DIOXOLANE ANALOGS FOR IMPROVED INTER-CELLULAR DELIVERY**

the specification of which (check only one item below):

☐ is attached hereto.

☒ was filed as United States application

Serial No. \_\_\_\_\_

on **October 15, 2001**

and was amended

on \_\_\_\_\_ (if applicable).

☐ was filed as PCT international application

Number \_\_\_\_\_

on \_\_\_\_\_

and was amended under PCT Article 19

on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim priority benefits under Title 35, United States Code, § 119 or 365 (b) of the following United States provisional application(s) and of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR U.S. PROVISIONAL AND FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:			
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
United States	60/288,424	May 4, 2001	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
United States	60/239,885	October 13, 2000	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint I. William Millen (19,544); John L. White (17,746); Anthony J. Zelano (27,969); Alan E.J. Branigan (20,565); John R. Moses (24,983); Harry B. Shubin (32,004); Brion P. Heaney (32,542); Richard J. Traverso (30,595); John A. Sopp (33,103); Richard M. Lebovitz (37,067); John H. Thomas (33,460); James E. Ruland (37,432); Nancy Axelrod (44,014); Jennifer J. Branigan (40,921); Robert E. McCarthy, (46,044); and Jonathan G. Brown (47,451) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: Customer No. 23599

Telephone No.  
703/243-6333

Direct Telephone Calls to:  
703-812-5308



**23599**

PATENT TRADEMARK OFFICE

# Combined Declaration for Patent Application and Power of Attorney (Continued)

(Includes Reference to PCT International Applications)

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PHARMA 123

201	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
204	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
205	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
206	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
207	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY

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209	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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210	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
211	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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212	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	DATE	SIGNATURE OF INVENTOR 207	DATE
	Nov 6, 2001		6 Nov 2001
SIGNATURE OF INVENTOR 202	DATE	SIGNATURE OF INVENTOR 208	DATE
SIGNATURE OF INVENTOR 203	DATE	SIGNATURE OF INVENTOR 209	DATE
	Nov 6, 2001		
SIGNATURE OF INVENTOR 204	DATE	SIGNATURE OF INVENTOR 210	DATE
	Nov 7, 2001		
SIGNATURE OF INVENTOR 205	DATE	SIGNATURE OF INVENTOR 211	DATE
	6/11/2001		
SIGNATURE OF INVENTOR 206	DATE	SIGNATURE OF INVENTOR 212	DATE
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201	FULL NAME OF INVENTOR	FAMILY NAME Attardo	FIRST GIVEN NAME Giorgio	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Laval	STATE OR FOREIGN COUNTRY Quebec	COUNTRY OF CITIZENSHIP Canada
	POST OFFICE ADDRESS	STREET 2740, rue Prudentiel	CITY Laval	STATE & ZIP CODE/COUNTRY H7K 3M1 Quebec, Canada
202	FULL NAME OF INVENTOR	FAMILY NAME Zacharie	FIRST GIVEN NAME Boulos	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Laval	STATE OR FOREIGN COUNTRY Quebec	COUNTRY OF CITIZENSHIP Canada
	POST OFFICE ADDRESS	STREET 3202, Honore de Balzac	CITY Laval	STATE & ZIP CODE/COUNTRY H7P 5Y3 Quebec, Canada
203	FULL NAME OF INVENTOR	FAMILY NAME Rej	FIRST GIVEN NAME Rabindra	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Montreal	STATE OR FOREIGN COUNTRY Quebec	COUNTRY OF CITIZENSHIP Canada
	POST OFFICE ADDRESS	STREET 2150, rue Mackay, App. 1105	CITY Montreal	STATE & ZIP CODE/COUNTRY H3G 2M2 Quebec, Canada
204	FULL NAME OF INVENTOR	FAMILY NAME Lavallée	FIRST GIVEN NAME Jean-Francois	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Mille-Isles	STATE OR FOREIGN COUNTRY Quebec	COUNTRY OF CITIZENSHIP Canada
	POST OFFICE ADDRESS	STREET 28, Chemin Scraire	CITY Mille-Isles	STATE & ZIP CODE/COUNTRY JOR 1A0 Quebec, Canada
205	FULL NAME OF INVENTOR	FAMILY NAME Vaillancourt	FIRST GIVEN NAME Louis	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Mascouche	STATE OR FOREIGN COUNTRY Quebec	COUNTRY OF CITIZENSHIP Canada
	POST OFFICE ADDRESS	STREET 2869, Desportes	CITY Mascouche	STATE & ZIP CODE/COUNTRY J7K 38J Quebec, Canada
206	FULL NAME OF INVENTOR	FAMILY NAME Denis	FIRST GIVEN NAME Réal	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Montreal	STATE OR FOREIGN COUNTRY Quebec	COUNTRY OF CITIZENSHIP Canada
	POST OFFICE ADDRESS	STREET 7250, boul. Gouin est, App. 06	CITY Montreal	STATE & ZIP CODE/COUNTRY H1E 1A3, Quebec, Canada
207	FULL NAME OF INVENTOR	FAMILY NAME Lévesque	FIRST GIVEN NAME Sophie	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Mirabel	STATE OR FOREIGN COUNTRY Quebec	COUNTRY OF CITIZENSHIP Canada
	POST OFFICE ADDRESS	STREET 8290, du Labour	CITY Mirabel	STATE & ZIP CODE/COUNTRY J7N 1V3, Quebec, Canada

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